

Congress of the United States

Washington, DC 20515

August 25, 2003

CARES Commission
c/o Mr. Richard E. Larson
Executive Director
810 Vermont Avenue, NW
Washington, DC 20480

Dear Committee Members:

We are writing to raise serious concerns regarding the recent draft National CARES plan and the potential negative impact it will have on the level of care veterans in Massachusetts receive. Specifically, we strongly urge you to reconsider the proposal to realign in-patient care from the Bedford Veterans hospital to different VA facilities in VISN1.

As you know, the Bedford hospital is well respected across the country for many of its programs and the quality of care it offers veterans from across New England. By moving the services offered at the Bedford facility to other campuses, valuable programs are at serious risk of being diminished.

One of the most successful and unique programs is the Geriatrics Research Education and Clinical Center (GRECC), which is the nation's premier center for veterans suffering from Alzheimer's disease. This facility offers veterans a unique approach to Alzheimer's care by incorporating dementia research with its in-patient population. The program offers a continuity of care from outpatient to daycare to long-term care that saves money by not immediately placing patients in hospital care. It would simply be impossible to recreate this unique and vital program in a different hospital.

In addition to the GRECC program, Bedford offers other programs that are in danger of being marginalized if the draft National CARES plan is to go into effect. The entire Bedford campus will be impacted by the loss of in-patient care, especially the programs that draw on patient referrals. Bedford has three of the largest and most effective rehabilitation programs of their kind: Compensated Work Therapy (CWT), CWT Transitional Residence (TR), and the Mental Health Intensive Case Management Program (MHICM). All of these programs are innovative and effective forms of rehabilitation, with a large number of the veterans receiving care from the Domiciliary and In-patient units before entering one of these three programs. Moving in-patient services from Bedford will force veterans to different facilities that may not offer such successful rehabilitation programs, thus harming the quality of care in the region.

Mr. Richard E. Larson
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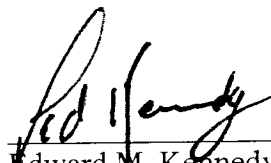
The draft National CARES plan suggests that all of the beds moved from Bedford can be allocated to regional hospitals in Brockton, West Roxbury and Manchester. This will certainly affect the veterans currently receiving care at Bedford, but these hospitals mentioned above are already over-burdened and cannot absorb the in-patient services from Bedford without affecting the quality of care they currently offer. The quality of care veterans now receive once they are enrolled in a VISN1 hospital is second to none. But we fear that by relocating all of the in-patient beds from Bedford, the VA will seriously diminish that quality throughout VISN1.

Furthermore, the draft National CARES Plan fails to adequately address the negative impact a realignment will have upon the dedicated and hardworking Bedford VA employees. While the plan implies that all employment will remain at similar wages and benefits, it does not take into account the hardships that changes in conditions will impose upon employees and their families. In-patient services transferred from Bedford to the Brockton or Manchester Veteran's hospitals will require employees to travel greater distances to and from work. As a result, many of the VA's skilled professionals will seek alternative employment that is closer to home, leaving the VA Healthcare System with a gap in services.

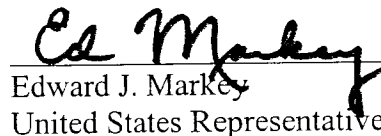
VISN 1 should be commended for including all of the necessary stakeholders in developing their market plan. Veterans Service Organizations, employees, congressional offices, union leaders and academic affiliates all had a chance to review the plan and take part in the process. The VISN, after conducting months of review and analyzing data, submitted a comprehensive market plan that did not include moving any in-patient beds from Bedford. We believe they had sound reasoning to make this determination. Also, in developing their market plan the VISN projected a dramatic increase in the future need for in-patient beds in the region.

We strongly believe that shifting in-patient care out of Bedford hospital will have a negative impact on the veterans and the employees. We respectfully urge you to reconsider this proposal. Thank you for your attention.

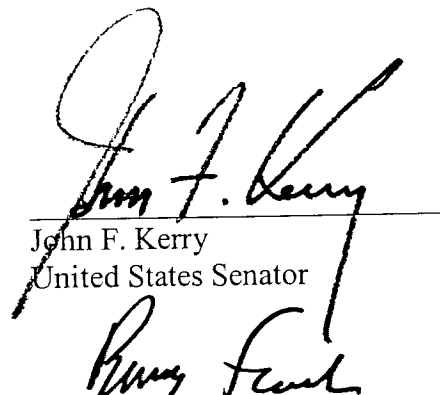
Sincerely,



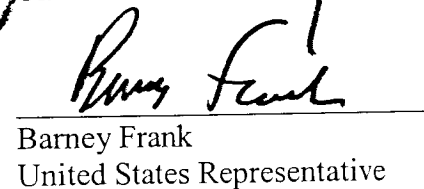
Edward M. Kennedy
United States Senator



Edward J. Markey
United States Representative

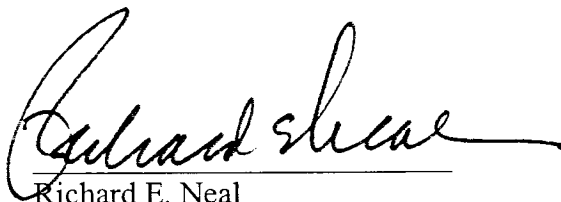


John F. Kerry
United States Senator

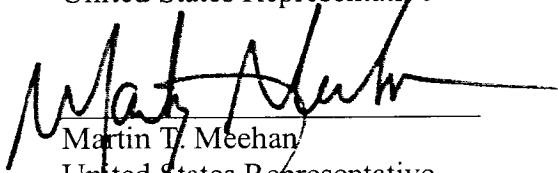


Barney Frank
United States Representative

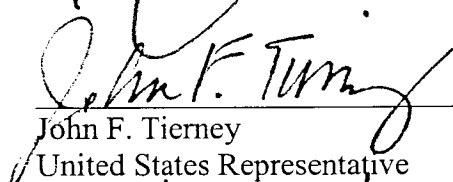
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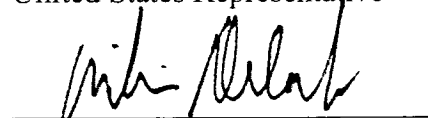
Richard E. Neal
United States Representative



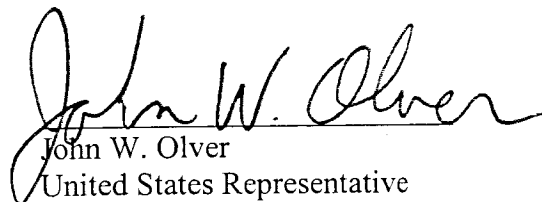
Martin T. Meehan
United States Representative



John F. Tierney
United States Representative



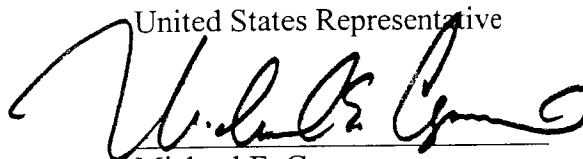
William D. Delahunt
United States Representative



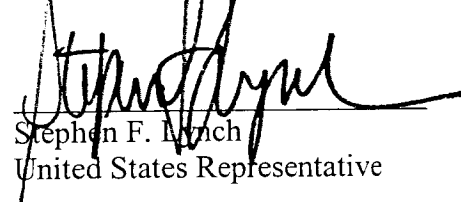
John W. Olver
United States Representative



James P. McGovern
United States Representative



Michael E. Capuano
United States Representative



Stephen F. Lynch
United States Representative

Testimony of U.S. Senator Olympia J. Snowe

for

VA CARES Commission Hearing

August 25, 2003

On behalf of all of Maine's veterans and their families, I thank you for the opportunity to comment on the proposed changes to the healthcare system available to our nation's veterans. This year, the U.S. Department of Veteran Affairs (VA) has plans to institute a historic reform to the 70-plus year-old agency and has released a draft plan to restructure health care services and facilities throughout the state. In its draft form, the National Capital Asset Realignment to Enhance Services (CARES) Plan contains a good basis from which to begin this reform process. For many years, Maine veterans have asked me to fight to end the backlog at VA facilities, to provide veterans access to prescriptions and primary care in their region. The draft CARES plan is the first step to fully utilize the available VA resources to meet these goals.

The CARES plan recognizes the unique challenges of our veterans living in rural communities and recommends an increased VA presence in Houlton, Lincoln, Dover-Foxcroft, Farmington and South Paris. The plan also realizes the necessity of community-based healthcare as a primary option for many veterans and authorizes plans for a new Community-Based Outpatient Clinic (CBOC) in Cumberland County. These community-based clinics provide easy access for veterans to get the approved services they need in order to take advantage of the VA healthcare system. We must remain aware that many rural veterans, sometimes residing four or more hours from the Togus VA Medical Center, have come to depend on resources like the clinic in Ft. Kent, Maine, which is available only one day a week. Many opportunities for expanding current services, especially smaller clinics, must be closely considered as viable alternatives to larger and more centralized facilities.

Providing reasonable access to services is of upmost importance to rural veterans, especially the elderly in the northern parts of Maine where travel is restricted by weather conditions for a greater part of the year. In combination with the draft CARES plan, expanding these current resources will maximize access to quality healthcare to rural veterans.

Additionally, I was pleased to learn that Togus VA Medical Center will gain additional providers, clerical and business office staff, and 70,000 additional square feet for the Togus facility, including two new examination rooms. Because Togus is the sole VA hospital facility in the state and the oldest VA hospital in the country, it is imperative to maintain the buildings and increase the staff to meet the demand.

Another common concern of Maine veterans that must not be overlooked is the backlog for appointments at Togus. Any attempts to increase the ability of Togus to treat patients in a timely-manner and meet the demands of the veteran community are well-received and desperately needed in Maine. Today there are approximately 3,000 veterans waiting for appointments at Togus. And, while the waiting lists are steadily shrinking, the number of veterans seeking medical care through the VA system in Maine is growing. Between Fiscal Year 2001 and 2010, the number of VA system enrollees in Maine is expected to increase from almost 40,000 to 57,500 – a 145 percent increase. I feel that an expansion of space and especially staff, both specialist and support, will be instrumental in minimizing this backlog. Any additional steps that could be taken to increase the services provided by Togus would have a drastic impact on Maine's veterans and will help the system prepare for future care.

I also continue to be concerned with figures provided in the draft CARES plan finding that only 59 percent of Maine veterans meet the CARES access to primary care services guidelines and only 52 percent meet the CARES inpatient hospital care guidelines. The draft CARES plan must increase these numbers or more than 16,000 veterans in Maine alone will be overlooked by this plan.

For this reason, I support the draft proposal to expand inpatient hospital care by adding six beds in York County, four beds in Aroostook County, eight beds in Cumberland County, five beds in Androscoggin County and two beds in Penobscot County. There are also concerns regarding contracted- and fee- services as an alternative option because of potential cost to the veterans and the general lack of primary care providers throughout the entire state.

While there is still work to be done and the plan will be finalized in the coming months, based on the draft released August 4, 2003, I am optimistic that the plan will positively impact Maine and will provide the perimeters for fundamental change in the VA healthcare system. During a time when so many veterans are turning to the VA for their health care needs, now is not the time to build hurdles to care by cutting services. Our veterans represent one of our most vulnerable populations, with increasing healthcare needs and unfortunately, they face too many obstacles, including cost and access to getting the care the need. I will continue to make a strong case as to why Maine deserves increased services and enhanced facilities.

Congressman John B. Larson
Remarks Submitted before the CARES Commission Public Field Hearing for VISN 1
Bedford, MA
August 25, 2003

First, I would like to commend Secretary Principi for taking the initiative to create the CARES Commission and take an objective, independent look at the way health care services are delivered to veterans. Additionally, I would like to commend the members of the CARES Commission for their efforts towards this end. I have said many times before that veterans were promised by the Federal Government that for their service to the country they would be provided a lifetime of health care services, as well as their own health care service network. I believe that we all share a common interest in delivering on this promise.

I would like to take this opportunity to comment on both the positive and negative aspects of the draft National Plan and specifically the plan for VISN 1, which services my constituents in Connecticut. On a national level, I was pleased to see the recommendation for the construction of hospitals in Las Vegas and Orlando, as well as developing more treatment centers for veterans suffering from spinal cord injuries and blindness.

Additionally, I was pleased to learn that no facilities in Connecticut were recommended to be closed or consolidated. In fact, I support plans to renovate the facility in Newington to improve the gap space needs for both outpatient and inpatient services. Also, the relocation of the VBA from Hartford to Newington reemphasizes the importance of this facility while realizing cost savings.

While new access points in VISN 1 are included in the National Plan, I am disappointed that none of them are in the high implementation priority category at this time. Dr. Jeannette Chirico-Post, Network Director of VISN 1, has noted that Connecticut facilities are hampered by their age and need funds to support building expansion. How can I tell veterans in Connecticut, "We know the facilities you use need improvements, but you just aren't a priority?" Facilities across New England face the same problem, but none of them are considered high priority. This is wrong. Every single veteran across this nation should be considered a high priority.

Nationally, the local impact of closing seven hospitals and major mission changes at thirteen facilities must be more closely examined before approving this draft plan. I believe closer examination of this plan is necessary because I am concerned that the projected veterans population is underestimated. The draft National Plan notes that development of "credible forecasts of the needs for Nursing Home Care, Domiciliary Care and selected mental health components" is still underway. With our soldiers under attack daily in Iraq, keeping the peace in Afghanistan, and entering Liberia, we cannot sell our veterans of tomorrow short today.

I was also concerned to learn about the recommendation to move 500 inpatient beds in the Bedford veterans hospital to other locations within VISN 1. These other locations are already overextended and their ability to serve their local veterans communities would suffer. Veterans facilities across the country are severely overburdened and struggling to keep up with growing

demand. An average of 200,000 veterans are sometimes waiting more than six months for an appointment at VA hospitals.

A major emphasis of the CARES process was to evaluate the underutilization of space. Before any unutilized space is sold or demolished, the CARES process must look closely at how this space can be used before it is permanently lost. How can we have veterans waiting months for appointments or living on the streets and have unutilized space? The VA should be using this space to serve veterans or to enter into Enhanced Use Lease Agreements. Several VISNs should be applauded for proposing agreements with the public and private sector for uses such as homeless shelters, cultural centers, cemeteries, inpatient beds, and mental health services. Unfortunately, an enhanced use proposal at the Newington facility was left out because VISN 1 had no markets identified on the top 15 list of High-Potential Enhanced Use Lease Opportunities. Any positive opportunities to use this space instead of wasting it should be considered high potential.

While my comments today focus on opposing the closure of facilities and utilizing space, I am acutely aware that the VA is not cutting costs simply to be frugal. Secretary Principi has done an admirable job of servicing veterans with the resources he has been given. It is the responsibility of Congress to ensure that the VA is adequately funded and I will do my part to work towards making veterans health care funding mandatory. Our veterans deserve better than bickering over discretionary funding. They deserve a Congress that will live up to its pledge by providing health care to all veterans, by ensuring that it is accessible, and by fully funding the VA health care system. Additionally, I cannot oppose more efficient uses of VA facilities and resources that do not adversely effect the care offered to veterans. However, I can oppose the consolidation and closure of facilities while veterans go without timely access to the health care and services that they have earned through their service to this nation.

In conclusion, I encourage the the CARES Commission to ensure that the needs of each and every veteran will be met under the plan it submits to the Secretary. Our current and future veterans made a commitment to serve the nation and we must live up to our commitment to serve them.

Testimony by Rep. Tom Allen (ME-01)
to the CARES Commission Public Hearing
August 25, 2003

Thank you for the opportunity to share my concerns about the Capital Asset Realignment for Enhanced Services (CARES) process as it relates to veterans' health care in Maine. I appreciate your taking my comments into consideration.

The men and women of the Armed Forces serve this country honorably. They put their lives on the line in order to protect our freedom and our values. We owe them our gratitude, and they deserve to be fairly compensated for their service and receive the benefits and health care that they need.

We are all aware of the crisis facing VA health care. In Maine, veterans must often wait unconscionable lengths of time for an appointment, and drive hundreds of miles to get the services they earned and need. The VA hospital at Togus is struggling to meet an increasing demand. Director Jack Sims and the rest of the staff at Togus have done the very best they could with the resources available. In fact, were it not for the leadership of Jack Sims and the genuine compassion that staff show towards the veterans, conditions would be immeasurably worse. More and more veterans are now going to the VA for prescription drug coverage that they cannot get from other plans. Baby boomer veterans are dealing with emerging health problems. The VA health care system is also serving veterans who have lost their health care coverage in recent corporate and manufacturing layoffs, and service members arriving home from combat situations in Iraq and Afghanistan. I commend the VA for re-examining the failed VERA funding formula and for finally recognizing the increased costs of delivering quality health care to remote rural states like Maine.

Designated as its own market area, the Far North Market, Maine was tasked with creating its own Market Plan to submit to VISN 1. People involved in the Planning Initiative found that Maine lags far behind in meeting the CARES access and capacity standards. Only 59 percent of Maine's 39,556 veterans enrolled in the VA health care system can get the primary care they need within 30 miles or 30 minutes from their homes in urban areas, and 60 miles or 60 minutes in rural areas, which are CARES guidelines for access. This gap affects 16,218 enrolled veterans, not to mention the veterans who do not seek VA health care, perhaps in part because they cannot easily access VA services. To close this gap, the Far North Market Plan calls for increased VA presence in the rural areas of Dover-Foxcroft, Farmington, Houlton, Lincoln, and South Paris; a new Community Based Outpatient Clinic (CBOC) in Cumberland County; and an expansion of outpatient services at Togus. It is estimated that such facilities would bring 73 percent of enrolled Maine veterans within the outpatient travel guidelines established by CARES, by 2012.

I am also disturbed that only 52 percent of Maine veterans live within two hours

(the CARES standard) of inpatient hospital services provided at the VA Medical Center at Togus, the only inpatient veterans facility in our state. To close this gap, the Far North Market Plan recommends veteran priority agreements with community hospitals in York County (six beds), Aroostook County (four beds), Cumberland County (eight beds), Androscoggin County (five beds) and Penobscot County (two beds). In addition, six new beds would be available at Togus. These changes would enable 96 percent of Maine veterans to access inpatient services in two hours travel time or less by 2012.

Further, projected enrollment data also reveal demand gaps in Outpatient Mental Health Services and Outpatient Specialty Care. These gaps would be addressed through the use of new VA locations in the five rural areas mentioned above and the CBOC in Cumberland County; enhanced mental health care services and a greater number of specialists at Togus; continuing referrals to the East Market for specialty care; and contract mental health and specialty care providers.

I am greatly encouraged by the CARES initiative. It has so far been extraordinarily comprehensive and collaborative on the local and regional levels in Maine. I commend the VA staff, veterans and their families, Veterans' Service Organizations and other community stakeholders for their team efforts to identify Maine veterans' needs and develop detailed, strategic plans to meet those needs. I urge the CARES Commission to ensure that this high level of stakeholder involvement continues throughout the final drafting and implementation of the National CARES Plan.

Sadly, Congress has been reluctant to provide adequate funding for VA health care. I hope that Congress recognizes in CARES the chance to ensure that our nation's veterans get the health care they need and deserve for the next twenty years and beyond. Ultimately, Congress must secure the funding to make CARES work. For CARES to work best, it is vital that the final National Plan accurately reflects the needs of individual markets. My staff and I will be monitoring the implementation of CARES closely to ensure that Maine's veterans do not get short-changed under CARES as they did under VERA. That is why I urge you to do all you can to retain the details of the Far North Market Plan as it is incorporated into the VISN 1 Plan and the National Plan. Veterans and their families deserve no less.

Respectfully,

A handwritten signature in black ink, appearing to read "Tom Allen". The signature is fluid and cursive, with the first name "Tom" and last name "Allen" clearly distinguishable.

Tom Allen

JEB BRADLEY
1ST DISTRICT, NEW HAMPSHIRE

COMMITTEE ON ARMED SERVICES

COMMITTEE ON VETERANS' AFFAIRS

COMMITTEE ON SMALL BUSINESS



UNITED STATES
HOUSE OF REPRESENTATIVES

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August 20, 2003

Richard E. Larson
Executive Director
CARES Commission
1575 Eye St., NW
Washington, D.C. 20420

Dear Mr. Larson:

My schedule does not permit me to attend the CARES Commission public field hearing scheduled for August 25 in Billerica, Massachusetts. In lieu of my presence, I would like the following comments submitted for the record.

Ensuring the VA is a balanced health care system containing adequate infrastructure necessary to meet the health care needs of our nation's veterans is a commendable objective of the Capital Asset Realignment for Enhanced Services (CARES) Commission. I appreciate the recognition that the CARES Commission has attributed to the goal of supporting outpatient demand with a viable acute and tertiary care component on behalf of the veterans for whom I serve. However, achieving this balance is an ongoing evaluation. It is in this context that I believe New Hampshire veterans need enhanced services to meet their needs.

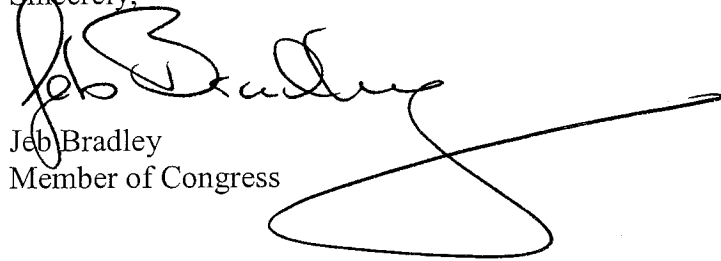
I find that the current CBOC's are a great benefit to veterans who reside in this state. I hear nothing but positive feedback on the care the veterans are receiving from the VA system. And, although the growth of CBOCs has improved access to services for veterans, there are still many New Hampshire veterans traveling too far to receive necessary health care. For New Hampshire to be complete, we need CBOC's in Berlin, Keene, and Rochester that are aligned to full service hospitals for emergency and acute care.

It has been brought to my attention that all tertiary care for veterans of my state will be conducted in the Boston Health care system. For some New Hampshire veterans this means traveling over 4 hours to the greater Boston area to receive care. For our elderly veterans this is a very difficult journey. Moreover, family members intent on visitation must travel over 8 hours roundtrip in some cases. Improved access would certainly lessen the commute our veterans must travel to receive the care they deserve and allow them to remain close to family members throughout their treatment. From June 1, 2002, thru June 1, 2003, 1840 New Hampshire veterans were sent to the Boston Health care system to receive necessary care. Modifications are necessary to address these concerns

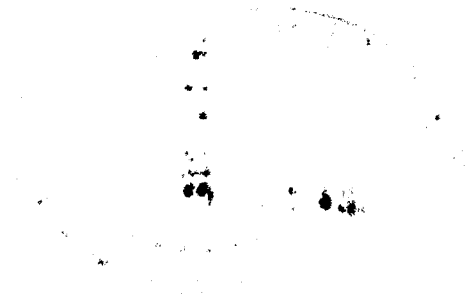
and others expressed by stakeholders, and I trust that a comprehensive evaluation of VISN 1's North Market will show the need for improved access for New Hampshire veterans.

Please feel free to contact me if you wish to discuss this further. Thank you in advance for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeb Bradley". The signature is fluid and cursive, with a long horizontal stroke extending to the right and a large loop at the bottom.

Jeb Bradley
Member of Congress



JAMES H. DOUGLAS
GOVERNOR



State of Vermont
OFFICE OF THE GOVERNOR

August 7, 2003

CARES Commission
Attention Hearing Response
810 Vermont Avenue Nw (OOCARES)
Washington, D.C. 20420

Distinguished Members of the CARES Commission:

I applaud the Department of Veterans Affairs' initiative to objectively analyze its healthcare infrastructure. As America struggles to overcome challenges to our healthcare system, open and honest assessments will be critical to success. The Department of Veterans Affairs, in reaching out to its stakeholders, has provided a model for others to follow.

I endorse the plan proposed by the Capital Asset Realignment for Enhanced Services Committee for the Department of Veterans Affairs' healthcare facilities within Vermont. The plan, which increases capacity for specialty, inpatient, and mental health care, recognizes and addresses the challenges facing Vermont's veterans.

The staff at the White River Junction Medical Center, and its community based outpatients clinics, has shown a consistent willingness to treat our veterans to the best healthcare possible. We are proud of their service and are committed to working with them to serve our veterans.

Sincerely,

A handwritten signature in black ink, appearing to read "JH Douglas", written over a circular embossed seal of the Governor of Vermont.

James H. Douglas
Governor

JHD/hkp